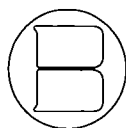


1020847



Bell Laboratories, Inc.

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-9631 / www.belllabs.com

16 June 2009

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekema
Compliance Manager
Bell Laboratories, Inc.

Registrant Name: Bell Laboratories, Inc.
3699 Kinsman Blvd.
Madison, WI 53597

Transmittal Date: June 16, 2009

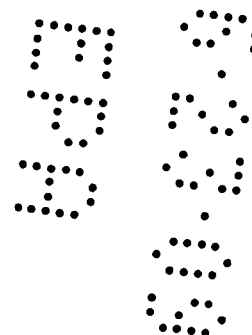
Submission: Voluntary Incident Report

Reportable Substance(s):

| Product | EPA Reg. # |
|----------------------------------|---------------|
| Tomcat Ultra Pelleted Bait | 12455-86-3240 |
| Zinc Phosphide Product – unknown | Not provided |
| | |

Sincerely,

Bell Laboratories, Inc.



Craig A. Riekema
Compliance Manager
Bell Laboratories, Inc.
criekema@belllabs.com

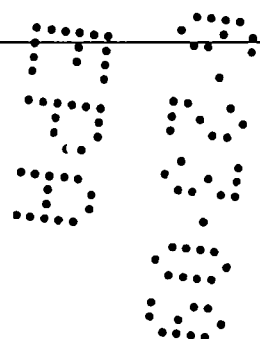
Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

-001

| | | | | |
|---------------------------------|---|---|---|---|
| Row 1 Administrative Data | Reporter Name [REDACTED] | Submission date. | Contact person (if different than reporter) | Internal ID 469764 |
| | Address <i>Baker, FL USA</i> | | Address | |
| | Phone # [REDACTED] | | Phone # | |
| | Incident Status: <i>New</i> | Location and date of incident <i>Baker, FL USA 05/09/2009</i> | Date registrant became aware of incident. <i>05/09/2009</i> | Was incident part of larger study? <i>No</i> |
| Row 2 Pesticide(s) Involved | EPA Registration # (Product 1) <i>12455-86-3240</i> | EPA Registration # (Product 2) | EPA Registration # (Product 3) | |
| | A.I. (s) <i>Bromadiolone</i> | A.I. (s) | A.I. (s) | |
| | Product 1 name <i>Tomcat Ultra Pelleted Bait</i> | Product 2 Name | Product 3 Name | |
| | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | |
| | Formulation <i>pellet</i> | Formulation | Formulation | |
| Row 3 Incident Circumstances | Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i> | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i> | Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i> | |
| | Applicator certified? <i>UNK</i> | | | |
| | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i> | | | |

Personal privacy information



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Jurovich, Melissa May 9 2009 4:27PM

Hx: Caller stated that her son was found with the product about 10 minutes ago. Caller stated that the product was scattered on the floor but it appeared that a majority of the product was still there. Caller stated that the child was only alone with the product for a moment and there is no evidence of ingestion. Child is asymptomatic.

A: Informed caller that the product is a long-acting anticoagulant. Informed caller that the product has a wide margin of safety in children and they rarely ingest enough of the product to worry about toxicity developing. Informed caller that children generally need to ingest 1 oz of the product before we would send them in for evaluation. Rec. monitoring the child for signs of LAAC toxicity such as blood in the stool/urine, cuts that continue to bleed, excessive/prolonged bruising, vomiting and lethargy. Signs usually develop within 2-5 days. If signs develop seek MD consult for the antidote for the product, Vit. K1. Call back as needed.

Ferguson, Anna May 12 2009 5:06PM

Ch: Caller states that she noticed red spots on the child's tongue today. Child did not sleep well yesterday and has been pulling at his ears. She wishes to know whether these are possible effects of the product. Child has doctor's appointment tomorrow morning.

A: Symptoms of toxicity can manifest in many different ways, but it remains unlikely that the product is the cause of these effects. Agree with seeking medical attention. Consider evaluation tonight if you are concerned.

Yeager, Greg May 14 2009 12:42PM

CB complete. Child was evaluated by MD yesterday. MD diagnosed child with herpangina (mouth blisters). MD prescribed a medicated mouth wash for treatment but caller is unsure of the name. Child's symptoms have been improving.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

| | | | |
|---|--|---|---|
| Demographic information: Age: 20 Month(s) Sex: Male Occupation (if relevant) NA | Exposure route: Unknown route | Was adverse effect result of suicide/homicide or attempted suicide/homicide? No | Was protective clothing worn (specify)? None Reported |
| If female, pregnant? NA | Was exposure occupational? Not indicated If yes, days lost due to illness: NA | Time between exposure and onset of symptoms: 3 days or less | |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). PCC referral to HCF: Private MD/DVM-treated & released | List signs/symptoms/adverse effects Gastrointestinal-Oral Irritation Neurological-Agitated/irritable | | If lab tests were performed, list test names and results (If available, submit reports) None Reported |
| Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown | | | |
| Human severity category: HC | | | |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
469764

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

-002

| | | | | |
|---------------------|--|--|--|--|
| Row 1 | Reporter Name [REDACTED] | Submission date. | Contact person (if different than reporter) | Internal ID 453959 |
| Administrative Data | Address Sevierville, TN USA | | Address | |
| | Phone # [REDACTED] | Phone # | | |
| | Incident Status: New | Location and date of incident Sevierville, TN USA Chronic: >1 month <= 3 months | Date registrant became aware of incident. 04/01/2009 | Was incident part of larger study? No |
| | | | | |
| Row 2 | EPA Registration # (Product 1) | EPA Registration # (Product 2) | EPA Registration # (Product 3) | |
| | A.I. (s) | A.I. (s) | A.I. (s) | |
| | Product 1 name Zinc Phosphide | Product 2 Name | Product 3 Name | |
| | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | |
| | Formulation | Formulation | Formulation | |
| Row 3 | Evidence label directions were not followed? No Intentional misuse? No | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence | Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes | |
| | Applicator certified? UNK | | | |
| | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes | | | |

Personal privacy information

5

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

Pasko, Desiree Apr 1 2009 4:47PM

Hx: Caller placed this mole bait in his garden last summer, very near the roots of his food to prevent moles from eating garden vegetables. He took the vegetables out of garden last summer and froze them. He started eating the frozen vegetables 1.5 months ago, infrequently. Every time he eats the vegetables he develops significant abdominal pain, nausea, vomiting (one time was black in color), and significant diarrhea (one time was black in color also). His symptoms resolved the first several times within 1-2 days of ingesting the vegetables. Most recently he ate the vegetables 2 weeks ago, and he developed the symptoms noted in less than 24 hrs. He sought MD eval. MD ran unk blood work, and rx'd Nexium. The symptoms did not resolve, so a CT scan was done. MD related that caller has fluid in his abdomen, which is causing abdominal swelling. Caller has just recently realized that the bait may be attributing to symptoms so he went to Lowe's to observe which product he put in garden. He identified the product has being a mole killer from Tomcat, and AI was zinc phosphide 2%.

Transferred to DB

Berkner, Dan Apr 1 2009 7:54PM

Late entry - from 5PM

Hx: Caller reiterated story above. To clarify the poison was put down late summer - the vegetables were taken out shortly before a heavy frost. He makes no mention of other vegetables causing issues during the summer or fall months that he ate them. Caller noticed no foul odors while making or eating the food.

A: Told caller that the toxic component of the product is phosphene gas which is something with a very potent and noticeable odor which we would expect that you would have noticed if it was present in any amount in the cooked vegetables. The route by which you are suggesting is not something that would be expected. Regardless of this have MD call us with more questions related to the use of the product if they so desire.

Caller related to me that over the past two weeks his symptoms have begun to improve. He has an MD appt next week at which time he will mention the product. Gave case number to caller.

Brutlag, Ahna Apr 2 2009 10:07AM

Reviewed. Client notified.

Yeager, Greg Apr 8 2009 10:56AM

Attempted CB. Left a message requesting follow up. Reset.

Yeager, Greg Apr 9 2009 10:39AM

Attempted CB. Left a message requesting follow up.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

| | | | |
|--|---|---|---|
| Demographic information: Age: 54 Year(s) Sex: Male Occupation (if relevant) NA | Exposure route: Unknown route | Was adverse effect result of suicide/homicide or attempted suicide/homicide? No | Was protective clothing worn (specify)? None Reported |
| If female, pregnant? NA | Was exposure occupational? Not indicated If yes, days lost due to illness: NA | Time between exposure and onset of symptoms: 24 hrs or less | |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released | List signs/symptoms/adverse effects Gastrointestinal-Abdominal Pain Gastrointestinal-Diarrhea Gastrointestinal-Nausea Gastrointestinal-Vomiting | | If lab tests were performed, list test names and results (If available, submit reports) None Reported |
| Exposure data: NA Amount of pesticide: NA Exposure duration: Chronic: >1 month <= 3 months Patient weight: Unknown | | | |
| Human severity category: HC | | | |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
453959